


**FORM  
D-2**
**REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES**  
 CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- ☒ Quarterly Report: (Check one) ☐ 1<sup>st</sup> ☒ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup>
- ☐ Final Report (Fund balance on Line E must be \$0)
- ☐ Amendment of the Report Indicated Above

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS  
CHICAGO OFFICE

2021 JUL 12 AM 9:45

Full name and complete mailing address of Political Committee:

☐ CHECK FOR ADDRESS CHANGE
 Friends of Demetrius J. Gibson  
 644 Wainsford Drive  
 Hoffman Estates, IL 60169

COMMITTEE ID #

36504

E-mail address: demetriuswr12@gmail.com

☐ CHECK FOR E-MAIL ADDRESS CHANGE

## REPORTING PERIOD

4/1/21 6/30/21

FROM

THRU

CASH AVAILABLE AT BEGINNING  
OF REPORTING PERIOD:

\$0

Repeat this amount in SECTION D, Line (A)

## ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS  
2329 S MacARTHUR BLVD  
SPRINGFIELD, IL 62704-4503

OR

STATE BOARD OF ELECTIONS  
JAMES R THOMPSON CENTER  
100 W RANDOLPH, STE 14-100  
CHICAGO, IL 60601-3232

## SECTION A — RECEIPTS

## 1. Individual Contributions

 a. Itemized (from Schedule A): \$0 (1a)  
 b. Not-Itemized: \$0 (1b)

## 2. Transfers In

 a. Itemized (from Schedule A): \$0 (2a)  
 b. Not-Itemized: \$0 (2b)

## 3. Loans Received

 a. Itemized (from Schedule A): \$0 (3a)  
 b. Not-Itemized: \$0 (3b)

## 4. Other Receipts

 a. Itemized (from Schedule A): \$0 (4a)  
 b. Not-Itemized: \$0 (4b)

TOTAL RECEIPTS (1a thru 4b) \$0 (TR)

## 5. In-Kind Contributions

 a. Itemized (from Schedule I): \$1,849.38 (5a)  
 b. Not-Itemized: \$0 (5b)

TOTAL IN-KIND (5a + 5b) \$1,849.38 (TI)

Name and address of person submitting this report if other  
than the committee's Chair or Treasurer:

## SECTION B — EXPENDITURES

## 6. Transfers Out

 a. Itemized (from Schedule B): \$0 (6a)  
 b. Not-Itemized: \$0 (6b)

## 7. Loans Made

 a. Itemized (from Schedule B): \$0 (7a)  
 b. Not-Itemized: \$0 (7b)

## 8. Expenditures

 a. Itemized (from Schedule B): \$0 (8a)  
 b. Not-Itemized: \$0 (8b)

## 9. Independent Expenditures

 a. Itemized (from Schedule B-9): \$0 (9a)  
 b. Not-Itemized: \$0 (9b)

TOTAL EXPENDITURES (6a thru 9b) \$0 (TE)

## SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

 10. a. Itemized (from Schedule C): \$0 (10a)  
 b. Not-Itemized: \$0 (10b)

TOTAL DEBTS &amp; OBLIGATIONS \$0

## SECTION D — CASH BALANCE

Cash available at beginning of  
reporting period: \$0 (A)

Total Receipts from Section A (TR): \$0 (B)

Total cash (A) plus (B): \$0 (C)

Total Expenditures from Section B (TE): \$0 (D)

Funds available at close of  
reporting period (C minus D): \$0 (E)

Investments total (if applicable): \$0 (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

DATE

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

FOR OFFICE USE ONLY

Friends of  
Demetrius J. Gibson

4/1/2021

6/30/2021

FROM

THRU

**SCHEDULE I****IN-KIND CONTRIBUTIONS**

POLITICAL COMMITTEE

IDENTIFICATION No.

36504

**SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.**

FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
<b>CONTRIBUTOR</b> Democratic Party of Illinois P.O. Box 641466 Springfield, IL 60664	4/7/2021	\$1,026.51	\$1,026.51
<b>VENDOR PAID (if applicable)</b> Quad City Press 1325 15th Street Moline, IL 61265		<b>EMPLOYER:</b>	<b>OCCUPATION</b>
		<b>DESCRIPTION</b> Production and postage	
<b>CONTRIBUTOR</b> Schaumburg Together P.O. Box 958652 Hoffman Estates, IL 60195	4/11/2021	\$822.87	\$822.87
<b>VENDOR PAID (if applicable)</b> Quad City Press 1325 15th Street Moline, IL 61265		<b>EMPLOYER:</b>	<b>OCCUPATION</b>
		<b>DESCRIPTION</b> Printing and postage	
<b>CONTRIBUTOR</b>		<b>EMPLOYER:</b>	<b>OCCUPATION</b>
<b>VENDOR PAID (if applicable)</b>		<b>DESCRIPTION</b>	
<b>CONTRIBUTOR</b>		<b>EMPLOYER:</b>	<b>OCCUPATION</b>
<b>VENDOR PAID (if applicable)</b>		<b>DESCRIPTION</b>	

TOTAL THIS PERIOD \$1,849.38